

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000011731

1. Corporation Name

G,S & S & ASSOCIATES

2. Principal Office Address - No P.O. Box #

180 Sunset Circle N.

3. Mailing Office Address

180 Sunset Circle N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Saint Augustine, Florida

City & State

Saint Augustine, Florida

Zip

32080

Country

USA

Zip

32080

Country

USA

7. Name and Address of Current Registered Agent

Name

SUSAN WETHERINGTON

Street Address (P.O. Box Number is Not Acceptable)

180 Sunset Circle N.

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32080

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Susan Wetherington
REGISTERED AGENT MUST SIGN

Date October 9, 2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Susan Wetherington	180 Sunset Circle N.	Saint Augustine, FL 32080

000161594440
10/12/09-01004-001 **767.50

REINSTATEMENT

Rick

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Susan Wetherington

President

Oct 9, 2009

(904) 814-2127

FILED

09 OCT 12 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

January 24, 2003

5. FEI Number
010768470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.